



CREMATION AUTHORITY REGISTRATION

State Form 50144 (4-01)

Indiana Professional Licensing Agency

302 West Washington Street, Room E034

Indianapolis, IN 46204

(317) 232-2980

Web address: www.state.in.us/pla

Annual report must be filed not later than 90 days after end of fiscal year ending in December, otherwise annual report must be filed not later than 75 days after end of non-calendar fiscal year. A crematory authority may file a written request for a 60 day extension.

Last month of fiscal year:

Authority: IC 23-14-31-22 and IC 23-14-31-24

☐ New registration

☐ Annual report

Name of crematory

Address (number and street, city, state, ZIP code)

☐ Sole proprietor

☐ Partnership

☐ Limited liability company

☐ Corporation

If this is an **Annual Report** and no changes have occurred in: the name and address of the applicants and the structure of the legal entity during the preceding fiscal year, the authorized representative of the cremation authority may sign here _____ and skip to bottom of page and sign and date form, otherwise, complete the additional section of form below.

List name and address of applicant(s): Sole proprietor, Partners, Managers and members of Limited liability company, Officers, Directors, and Shareholders holding at least 25% of shares of Corporation stock for a Corporation. (Attach additional sheet(s) to list names and addresses if needed.)

1. Name

Address (number and street, city, state, ZIP code)

2. Name

Address (number and street, city, state, ZIP code)

3. Name

Address (number and street, city, state, ZIP code)

4. Name

Address (number and street, city, state, ZIP code)

5. Name

Address (number and street, city, state, ZIP code)

I affirm under the penalties of perjury that I have completed this form to the best of my knowledge. This information contained therein is true and correct.

Signature of authorized representative

Title of authorized representative

Date (month, day, year)